

LIMITED APPLICATION

Licensed Site Professional Application # _____
FOR BOARD USE ONLY

Please write your previous application number here: _____

FORM 1 APPLICANT INFORMATION

Applicant's Name:

Last Name: _____ First Name: _____ M.I.: _____

Is this the same name you used on your previous application? Yes: _____ No: _____
If your answer is "No," fill in that name her:

Last Name: _____ First Name: _____ M.I.: _____

Applicant's Mailing Address: The Board will use the address you provide here for all correspondence.

(City/Town) (State/Province)

(ZIP or Postal Code) (Country, if other than USA)

E-mail: _____

You must notify the Board if you wish to change the mailing address the Board uses for all official correspondence to you.

Applicant's Telephone Number(s):

Daytime Phone Number (____) _____-____ Other Number (____) _____-_____

Applicant's Moral Character and Professional Conduct Record

1. Have you been disbarred, suspended, reprimanded, censured or otherwise disciplined as a member of any profession or holder of any public office, or have you voluntarily surrendered a professional license?

Check either: Yes___ or No___ **If Yes, explain the circumstances on a separate page.**

2. Are you the subject of pending professional disciplinary proceedings?

Check either: Yes___ or No___ **If Yes, explain the circumstances on a separate page.**

3. Have you ever

i) been convicted of a felony? Yes___ No___

ii) been convicted of a misdemeanor involving Fraud, Deceit, Misrepresentation or Forgery? Yes___ No___

iii) had a civil judgment against you for professional errors, negligence, incompetence or professional malpractice in the? conduct of your business within the last seven years? Yes___ No___

iv) had a civil judgment against you for an action involving Fraud, Deceit, Misrepresentation or Forgery? Yes___ No___

If you answer yes to any question, explain the circumstances on a separate page.

Applicant's Affidavit and Handwriting Sample

"Under the pains and penalties of perjury, I state that I have personally reviewed all of the information contained in this application, and all of this information is true and correct to the best of my knowledge. I understand that any misrepresentation I make on these forms will constitute grounds for the rejection of my application."

Signature:_____ **Date:**_____

Position #____ of ____

FORM 2
RELEVANT PROFESSIONAL EXPERIENCE
WASTE SITE CLEANUP DECISION MAKING EXPERIENCE
POSITION DESCRIPTIONS

Position Description: _____

Position Duration: Start Date: _____ / _____ (mo/yr) End Date: _____ / _____ (mo/yr)

Employer Name: _____

Supervisor Name: _____

Supervisor Telephone #: (____ __ __) ____ __ __ - ____ __ __

Was position less than an average of 20 hours/week? Yes ____ No ____

If yes, average hours/week: _____

Field(s) of Expertise for this position:

Answer the following questions in the spaces provided:

a. Please explain how your responsibilities related to assessment, containment or removal, and how they were an integral component of this position.

FORM 2 (CON'T)

b Please demonstrate how you were personally responsible for the evaluation and selection of scientific or technical methodologies for conducting assessments, containments or removals at sites. Describe the types of methodologies selected and the basis for the selections.

c Please describe the types and levels of responsibilities of persons you coordinated or supervised while conducting assessments, containments or removals at sites. What level of authority and exercise of control did you assume over their work? What was the average size of teams you coordinated or supervised?

FORM 2 (CON'T)

d. Please describe the levels of responsibility and independent judgment you exercised in this position. In particular, describe the types or categories of conclusions you reached, the extent to which you used those conclusions in making recommendations to employers or clients regarding actions at sites, and the method by, or form in which, you made those recommendations.

Waste Site Cleanup Decision Making Experience Claimed During the Past 5 Years.

____ / ____
(yrs/mos)

Project #__ of __
Refer to Position # ____

FORM 3
RELEVANT PROFESSIONAL EXPERIENCE
PRACTICAL EXPERIENCE
PROJECT DESCRIPTIONS

Project Description: _____

Project Duration: Start Date: ____/____(mo/yr) End Date: ____/____(mo/yr)

Time For Which You Are Claiming RPE For This project: Start Date: ____/____(mo/yr) End Date: ____/____(mo/yr)

Project Client: _____

Project Objective: _____

____Assessment ____Containment ____Removal ____Other (check as many as apply)

Did subsurface investigations occur during this project? ____Yes No____

Project Information:

	Name	Address	Phone
Employer:			
Supervisor:			

a. Please describe how you applied technical knowledge and skill in one or more of your fields of expertise to this project.

FORM 3 (CON'T)

b Please describe the nature and extent of the environmental conditions associated with the project.

c Please describe the extent to which you were a principal decision maker for this project. In answering, please describe both the project team hierarchy and your overall role in the project, including a description of your conclusions and recommendations, and the method by, or form in which, you communicated them.

FORM 5
OPTIONAL STATEMENT OF QUALIFICATIONS

You may write 250 words maximum providing additional information in support of your demonstration that you meet the requirements for Relevant Professional Experience (i.e., that you have 3 years of Relevant Professional Experience that occurred within 5 years prior to submitting this application).

PROFESSIONAL REFERENCES
SUMMARY OF REFERENCES

The Board requires a total of **two (2) professional references for re-applying applicants**. In the box below, list the name, address and current telephone number of the two individuals who will serve as your professional references. These individuals should be familiar with work you did in the past 5 years that you claim is Relevant Professional Experience.

Reference Handling Instructions:

The application package includes two return envelopes, one for each reference. Address each return envelope to yourself and affix postage. Place the envelope and the reference form in another envelope and deliver that package to each of your references.

Each reference will complete his or her form, seal it in the return envelope, and sent it back to you. Do not open the sealed return envelopes. You must submit two sealed envelopes containing reference forms with the rest of your application.

Note that the envelopes include a line on the seal upon which the reference must sign his or her name; the Board will verify that the envelopes remain sealed by the reference's to protect the confidentiality of the information given to the Board.

Please note the following:

- 1) the Board will reject all applications in which tampering with envelope seals is evident;
- 2) failure to provide up-to-date telephone numbers at which your references can be reached may delay the processing of your application.

Professional References

NAME	ADDRESS	CURRENT TELEPHONE NO.
1)		(____) ____-____
2)		(____) ____-____

PROFESSIONAL REFERENCE FORM
for
LICENSED SITE PROFESSIONAL APPLICANTS
to the
BOARD OF REGISTRATION OF HAZARDOUS WASTE SITE CLEANUP PROFESSIONALS

Dear Sir or Madam:

The individual named below is applying for a license from this Board and has requested that you provide a professional reference to be considered by the Board. Licensed Site Professionals receive licenses from the Board pursuant to Chapter 21A of the Massachusetts General Laws, and have the authority to render Waste Site Cleanup Activity Opinions upon which their clients and the public can rely. The Board appreciates your considered response to the questions asked in section 3 below (next two pages).

The applicant must return your reference to the Board as part of his or her complete application package. To maintain confidentiality of your reference during the application process, insert the completed reference form in the return envelope, seal the envelope, sign your name on the line across the seal on the back of the envelope, and return the sealed envelope to the applicant.

The Board has included a short description of the LSP program for your convenience. Should you have any questions about the process, please contact the Board's staff at (617) 556-1091.

FOR CLARITY AND READABILITY, THE BOARD STRONGLY PREFERS YOUR TYPEWRITTEN RESPONSE. THANK YOU.

The Board of Registration of Licensed Site Professionals

1. The applicant completes the following information before sending to the reference:

Name of Applicant _____	
Name of Person Providing Reference _____	
Reference's Title & Business Name _____	
Reference's Address _____	Reference's Telephone _____ - _____ - _____
Period of Time for which the Reference is sought: _____/_____/_____ (mo/yr to mo/yr)	

2. The applicant must complete and sign the following waiver of liability before sending to the reference:

Waiver of Liability	
I, _____ authorize _____ to provide the Board of Registration of Hazardous Waste Site Cleanup Professionals with the information requested on this form, which is relevant to my qualifications as an applicant for licensing. I hereby knowingly, voluntarily, and in the absence of coercion of any kind, DO/DO NOT (circle one) release and discharge the reference from any claims I may have arising from the giving of such information to the Board. I also hereby knowingly, voluntarily, and in the absence of coercion of any kind, DO/DO NOT (circle one) waive any rights I may have to review the reference's submission hereto.	
Signature of Applicant _____	Date: _____

PROFESSIONAL REFERENCE FORM
(CONT.)

3. The reference completes the following section. These questions concern the professional capabilities and character of the applicant. Your reply will receive serious consideration during the deliberations of the Board. Please answer as accurately and candidly as possible.

- a. What is your business and or professional relationship with the applicant? Please indicate approximate dates for the period(s) during which you have personally known the applicant and have direct knowledge of the applicant's professional work.
- b. Do you know of any reason that the Board should not grant a license to the applicant? Do you have knowledge of any information that would bring into question the applicant's professional competence, professional maturity or history of ethical practice that the Board should consider before it makes a licensing decision for this applicant? If you answer Yes to either of these questions, please explain the circumstances on a separate page.
- c. Please describe the extent to which the applicant's work involved assessment, containment or removal activities at oil and hazardous waste sites. Please also describe the nature of the responsibilities exercised by the applicant. Did the applicant's responsibilities change over time? If so, in what ways did they change?

PROFESSIONAL REFERENCE FORM
(CONT.)

d. Did the applicant make technical decisions and recommendations for oil and hazardous waste site assessment, containments or removals? Understanding that such decisions may have been collaborative in nature, please describe the limits of the applicant's decision making responsibilities. What role did others have in the decisions in which the applicant participated?

e. What role did the applicant have in the selection of methodologies for hazardous waste site assessments, containments or removals? Did the applicant's responsibilities change over time? If so, in what ways did they change?